

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL N

APPLICANT(S)

FILING DATE

09/529028

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		3			
4	3		2			
5	0		0			
6	0		0			
7	0		0			
8	0		2			
9	0		0			
10	0		0			
11	0		0			
12	0		0			
13			/			
14			/			
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	3	↓	13	↓	28	↓
TOTAL CLAIMS	15		15		30	

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IND.	DEP.	IND.	DEP.	IND.
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62				
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100				
TOTAL IND.				
TOTAL DEP.		↓		↓
TOTAL CLAIMS				